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PTO/SB/21 (09-04)

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Olidermerap	EIWOIK REDUCTION ACT OF 1993, TH	o persons are require	Application Numb	er	10/679,723
TRANSMITTAL			Filing Date		October 6, 2003
FORM			First Named Inver	ntor	Bruce Joseph ROSER
(to be us	ed for all correspondence after	r initial filing)	Art Unit		1651
(10 00 00			Examiner Name		F. Prats
Total Numbe	r of Pages in This Submiss	sion 7	Attorney Docket N	Number	559662000103
:	EN	ICLOSURES	(Check all that	apply)	
X Fee Transi duplicate)	mittal Form (1 page plus	Drawing(s)			After Allowance Communication to TC
Fee	Attached	Licensing-related Papers			Appeal Communication to Board of Appeals and Interferences
Amendme	nt/Reply	Petition			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
After	Final	Petition to Convert to a Provisional Application			Proprietary Information
Affid	avits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address		ss [	Status Letter
Extension of Time Request		Terminal DisclaimerX		X Other Enclosure(s) (please Identify below):	
Express Al	bandonment Request	Request for Refund		PTO/SB/08a/b Form (1 page) Return Receipt Postcard	
x Information (3 pages)	n Disclosure Statement	CD, Number of CD(s)			
Certified C	opy of Priority (s)	Landscape Table on CD			
Reply to Missing Parts/ Incomplete Application		Remarks			
Reply to Missing Parts under 37 CFR 1.52 or 1.53		CUSTOMER NO. 25225			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT					
	MORRISON & FOERSTER LLP				
Signature	ignature Vate H Wund				
Printed name	Kate H. Murashige				
Date	May <u>U</u> , 2006			No. 2	29,959

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 743883449 US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. Dated: May /2, 2006

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PTO/SB/17 (01-06)
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Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Fees pursuant to the Gonsolidated Appropriations Act, 2005 (H.R. 4818). Complete if Known 10/679,723 Application Number FEE TRANSMITTAL October 6, 2003 Filing Date For FY 2006 First Named Inventor Bruce Joseph ROSER **Examiner Name** F. Prats Applicant claims small entity status. See 37 CFR 1.27 1651 Art Unit 559662000103 TOTAL AMOUNT OF PAYMENT 180.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Money Order Other (please identify): Check Credit Card x Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayment of Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity Application Type** Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 600 500 250 300 300 150 Reissue **Provisional** 200 100 0 0 0 0 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) **Fee Description** Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Multiple Dependent Claims Total Claims** Fee Paid (\$) Extra Claims Fee Paid (\$) Fee (\$) - 20 = HP = highest number of total claims paid for, if greater than 20. Indep. Claims **Extra Claims** Fee Paid (\$) Fee (\$) HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) Fee (\$) **Total Sheets** Extra Sheets - 100 = (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00 SUBMITTED BY Registration No. 29,959 Telephone (858) 720-5112 Signature (Attorney/Agent) May\_ \( \mathcal{U} \), 2006 Name (Print/Type) Date Kate H. Murashige

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 743883449 US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: May /2, 2006



Patent

Docket No. 559662000103

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: Bruce Joseph ROSER

Serial No.: 10/679,723

Filing Date: October 6, 2003

DRIED BLOOD FACTOR

COMPOSITION COMPRISING

**TREHALOSE** 

Examiner: F. Prats

Group Art Unit: 1651

## SUPPLEMENTAL INFORMATION DISCLOSURE **STATEMENT UNDER 37 C.F.R. § 1.97 & 1.98**

MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Dear Sir:

Pursuant to 37 C.F.R. § 1.97 and § 1.98, Applicants submit for consideration in the above-identified application the documents listed on the attached Form PTO/SB/08a/b. The Examiner is requested to make these documents of record.

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	This Information Disclos	sure Statement is submitted:				
	With the application; accordingly, no fee or separate requirements are required.					
	Before the mailing of a	a first Office Action after the filing of a Request for Continued				
	Examination under § 1	.114. However, if applicable, a certification under 37 C.F.R. § 1.97				
	(e)(1) has been provide	ed.				
	Within three months of the application filing date or before mailing of a first Office Act					
	on the merits; according	gly, no fee or separate requirements are required. However, if				
	applicable, a certificati	on under 37 C.F.R. § 1.97 (e)(1) has been provided.				
$\boxtimes$	After receipt of a first Office Action on the merits but before mailing of a final Office Action					
	or Notice of Allowance	<b>3.</b>				
	A fee is require	d. A check in the amount of is enclosed.				
	A fee is require	d. Accordingly, a Fee Transmittal form (PTO/SB/17) is attached to				
	this submission	in duplicate.				
	☐ A Certification	under 37 C.F.R. § 1.97(e) is provided above; accordingly; no fee is				
	believed to be	lue.				
	After mailing of a final Office Action or Notice of Allowance, but before payment of the					
	issue fee.					
	A Certification	under 37 C.F.R. § 1.97(e) is provided above and a check in the				
	amount of is	enclosed.				
	A Certification	under 37 C.F.R. § 1.97(e) is provided above and a Fee Transmittal				

Applicants would appreciate the Examiner initialing and returning the Form PTO/SB/08a/b, indicating that the information has been considered and made of record herein.

form (PTO/SB/17 is attached to this submission in duplicate.)

The information contained in this Information Disclosure Statement under 37 C.F.R. § 1.97 and § 1.98 is not to be construed as a representation that: (i) a complete search has been made; (ii) additional information material to the examination of this application does not exist; (iii) the information, protocols, results and the like reported by third parties are accurate or enabling; or (iv) the above information constitutes prior art to the subject invention.

In the unlikely event that the transmittal form is separated from this document and the Patent and Trademark Office determines that an extension and/or other relief (such as payment of a fee under 37 C.F.R. § 1.17 (p)) is required, Applicants petition for any required relief including extensions of time and authorize the Commissioner to charge the cost of such petition and/or other fees due in connection with the filing of this document to **Deposit Account No. 03-1952** referencing <u>559662000103</u>.

Dated: May 1(\_\_, 2006

Respectfully submitted,

Kate H. Murashige

Registration No.: 29,959

MORRISON & FOERSTER LLP

12531 High Bluff Drive

Suite 100

San Diego, California 92130-2040

(858) 720-5112



Complete if Known Substitute for form 1449/PTO Application Number 10/679,723 October 6, 2003 Filing Date INFORMATION DISCLOSURE First Named Inventor Bruce Joseph ROSER STATEMENT BY APPLICANT Art Unit 1651 (Use as many sheets as necessary) F. Prats **Examiner Name** 559662000103 Sheet 1 Attorney Docket Number

MAY 1 2 2006

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No.1	Document Number  Number-Kind Code <sup>2</sup> (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
	1.	US-5,288,853	02/1994	Bhattacharva et al.	
	2.	US-5,824,780	10/1998	Curtis et al.	

FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No.1	Foreign Patent Document  Country Code <sup>3</sup> -Number <sup>4</sup> -Kind Code <sup>5</sup> (# known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T⁵

\*EXAMINER: Initial if information considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹Applicant's unique citation designation number (optional). ² See Kinds Codes of USPTO Patent Documents at <a href="www.uspto.gov">www.uspto.gov</a> or MPEP 901.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

NON PATENT LITERATURE DOCUMENTS				
Examiner Initials	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	<b>T</b> <sup>2</sup>	

<sup>\*</sup>EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Examiner	Date
Signature	Considered

<sup>&#</sup>x27;Applicant's unique citation designation number (optional). <sup>2</sup>Applicant is to place a check mark here if English language Translation is attached.